

COMMUNITY TIES

SUPERINTENDENT'S MESSAGE

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Special points of interest:

- Patient Furniture
- Friend-to-Friend
- Internet
- Picnics
- NAMI
- Hospital Houses
- Challenges of Change
- Donations Needed

This summer has gone by extremely fast. We have been very fortunate to continue in our efforts toward a recovery model of care. We are providing more training for the employees on recovery and the emphasis on the Recovery Principles are the foundation for the active treatment classes. Although these changes take time, we are really beginning to see the fruits of our labor. Another indication to me of our efforts toward customer service is that we ended this fiscal year on June 30th with the highest number of admissions and discharges since I have been the Superintendent. We admitted 535 and discharged 529, which eclipsed our previous high of 490 in FY03-04.

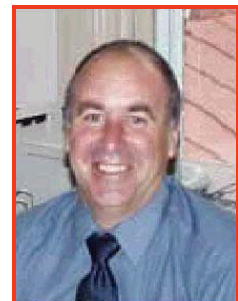
The clinical staff are continuing to refine and put into daily practice a recovery model of care. We continue to do our very best to improve the access to our system and my belief is

these two areas have helped contribute toward the record number of admissions and discharges.

I hope some of you have noticed by now the signs that are displayed on the main drive and throughout the campus. The theme for the summer festival event this year was Respect. The campus signs were the product of a collaborative effort on the part of our consumers and the rehab staff.

Respect was the title of our day long refresher for staff on our efforts toward seclusion and restraint reduction. Finally, Respect continues to be part of the Mission statement of the organization. Everything we do, everything we see, is about treating each other with Respect.

It is with a saddened heart that I share in this newsletter that our Medical Director, Tony



Jeff Butler
Superintendent

Siegel had to return to his home in Louisville as the distance and time away from his family was too burdensome for him to continue. Dr. Siegel had an exceedingly strong commitment toward a recovery model of care and in providing leadership and education for the staff on how we can get there. We are in the process of searching for a replacement for his position.

Have a good fall,
Jeff Butler

STAFF CHANGES AT RSH



Surjeet Bhangoo, M.D.
Chief of Staff

Dr. Bhangoo is Chief of Staff. She has been a viable part of Richmond State Hospital since 1984. Many of our patients have benefited from Dr. Bhangoo's treatment in medicine and psychiatry.

Dr. Max Teng has re-joined Richmond State Hospital. He left in February 2005 to become the Medical Director of Dunn Center, until May 2008. In addition to working at Dunn, Dr. Teng was a consulting psychiatrist to

Wayne County Jail in Richmond.

Dr. Teng is a Board Certified Psychiatrist. He has worked at Fulton State Hospital in Missouri where he was Medical Director and Senior Staff Psychiatrist for the Guhleman Forensic Center (intermediate security). He was senior staff psychiatrist at the Biggs Forensic Center (maximum security), also at Fulton State Hospital System. One of Dr. Teng's special interests is management of the violent

patient. Additionally, Dr. Teng has extensive experience with hospital treatment of the chronically mentally ill; and years of outpatient experience with mental health centers, including private practice. He was Clinical Assistant Professor in the Department of Psychiatry at the University of Missouri in Columbia, Missouri. He was also Clinical Assistant professor at in the Department of psychiatry School of Medicine, Kansas City, Missouri.

"Many an opportunity is lost because a man is out looking for four-leaf clovers."

~ Opportunity Saying



A state of the art pharmacy is located in the Clinical Treatment Center (CTC) at Richmond State Hospital.

RICHMOND STATE HOSPITAL

MISSION

To provide individualized, quality behavioral healthcare with respect, dignity and caring.

VISION

We have accepted the challenge to:

- ▶ Continue to be a leader in Indiana for the provision of treatment services.
- ▶ Promote innovation, best practice and continuous improvement in meeting the needs of our customers.
- ▶ Promote a climate of growth, respect and opportunity.
- ▶ Maintain an environment that supports and recognizes each individual's contribution.
- ▶ Create partnerships and networks to meet mutual needs.



VISITORS

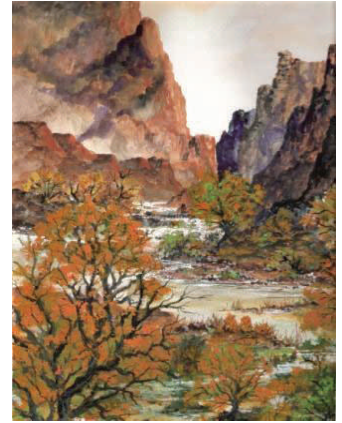
By Kerry Moore, Privacy Coordinator

Richmond State Hospital has reviewed the Visitor's Policy. Please keep the following process in mind where visiting a patient.

- ☺ Signing in of visitors is for the safety of our patients and visitors.
- ☺ The process of visitor sign-in is used during times of emergency to enable security staff to account for any visitors on hospital grounds during such an event.
- ☺ To keep in compliance with patient / privacy / confidentiality rules and regulations, the use of cameras or cell phones with cameras is prohibited while on hospital grounds.
- ☺ Visitors under the age of 18 must be accompanied by a parent, guardian, or family member over the age of 21.
- ☺ For visitors with children under the age of 14, the visitation must occur off the unit for safety reasons.
- ☺ When left unattended, all vehicles are to be turned off and locked.
- ☺ Lighters and smoking tobacco products are not to be brought onto hospital grounds or given to patients.
- ☺ The use of personal electronics devices, i.e., PDAs, MP2 Players, Ipods, cell phones, etc., may not be used on hospital grounds.

Richmond State Hospital is committed to abiding by all HIPAA rules and regulations in the effort to protect our patients. If you have any questions, please feel free to contact me at 765-935-9235, send a fax to 765-935-9509, or call the hospital's general number 765-966-0511 and ask for me to be paged.

Kerry.moore@fssa.state.in.gov is my email address.



"The glue that holds all relationships together — including the relationship between the leader and the led is TRUST, and TRUST is based on integrity."

~ Brian Tracy

TREATMENT TEAMS

Each patient's treatment is reviewed in an interdisciplinary team meeting at least every 90 days. Families of patients are encouraged to be involved in the treatment team meetings for the best interest of the patients.

The treatment team is composed of a coordinator, physician, psychologist, social

worker, nurse, activity therapists, and, in some cases, substance abuse counselors. Letters from treatment teams should be sent every time a master treatment plan or review is being done.

Conference phones are available for family participation in the meetings. Whenever you are calling our toll free

number, please allow us to call you back immediately on our hospital line. This helps keep the cost of our toll free number down.

If you want to contact a staff member at Richmond State Hospital, our toll free number is 1-800-986-6691.





*Dave Shelford, CPA
Assistant Superintendent
Finance*

PATIENT FURNITURE REPLACEMENT

By Dave Shelford

Our patient bedroom furniture replacement project continued throughout the summer. The project began in May with the youth services building and will conclude this November with the Substance Abuse service line. The project encompasses all primary patient buildings and

includes a new bed, desk, desk chair, dresser, and wardrobe for every patient. The furniture is being manufactured by PEN Industries, a division within the Indiana Department of Corrections, and is an excellent example of inter-agency cooperation within state govern-

ment. Reports from patients and staff on the units completed are giving rave comments to the quality and appearance of the new furniture.

FRIEND-TO-FRIEND PROGRAM

*"Friends are needs
for both joy and
sorrow."*

~ Samuel Paterson

We have a Friend-to-Friend program at Richmond State Hospital. Most people in this program find it is beneficial to both them and their "friends."

Patients who are in the program are thrilled to receive letters, cards,

phone calls, visits, and gifts from their friends.

The experiences found depends on your friend's needs and your own interests, time and capabilities.

When a "friend" is assigned, your new friend

is informed about the program and is expecting to have contact with you.

INTERNET & E-LOCAL LINK VIDEO



Information about Richmond State Hospital may be found on the internet at www.richmondstatehospital.org. We try to have up-to-date information about various aspects of the hospital. We are please to have an E-local Link Video on our internet

website. It goes from the past to the present and the future in less than two minutes. It provides families with a look of our campus and, hopefully, inspires hope for recovery that many have found at our facility.

Employees have access to the intranet, which features services, education and training opportunities, policies and procedures, newsletters, and more.

ADULT PSYCHIATRIC SERVICE LINE

SUMMER 2008

420A and 420B

SERVICE LINE MANAGERS

420A

M. Kaye Clark

420B

Tanya Melody

STATISTICS

February 2008 – August 2008

Admissions

78 clients

Discharges

49 clients

ACTIVITY CORNER

Lisa Ginn, Jeremy Bane, Jonelle McGathey, Kim Singleton, and Tanene Smith

It has been a beautiful 6 months. We really enjoyed the weather. The summer has been kind to us. There have not been many of those hot days that kept us from being able to go outside. Because of the beautiful weather the Adult Service Line has been busy providing lots of activities for our clients.

Some of the activities that have been provided were: Cookouts; Pizza Parties; Reward trips to McDonalds and the Dairy Queen; Visits to local parks; Hospital-Wide Fun Days with the theme of Respect.

Upcoming Events

Cookouts
Winter Activities
Holiday Events



DEMOGRAPHICS OF CLIENTELE IN AUGUST 2008

420A

Dual Diagnosis Admission Unit

Census 29

25 White, 4 Black

22 males, 7 females

Average age – 35

Average length of stay on the unit 72 days

Education – - 10, Under 12th grade; 15, 12 grade or more; 3, GED; and 1 unknown.

Primary Diagnosis – Schizophrenia, most common secondary diagnosis of Substance Abuse/Dependence;

Religion – 5 Catholic, 8 none, 12 Christian, 1 Baptist, 1 Methodist; 1 Mormon; and 1 Judaism.

420B

Psychiatric Admission Unit

Census 30

21 White, 7 Black, 1 Asian and 1 Other

17 male, 13 female

Average Age - 38

Average Length of stay on the unit - 81 days

Education – 11, Under 12th grade; 16, 12 grade and more; and 3, GED.

Primary Diagnosis – Primary Diagnosis – Schizoaffective Disorder; most common Secondary diagnosis Schizophrenia.

Religion - 7 none; 7 Christian; 3 Catholic; 5 Baptist; 2 Protestant; 2 Methodist; 2 Pentecostal; 1 Mormon and 1 Assembly of God.

Kreitl House is no longer a part of the ASL (transferred to the TSL service line on 1/1/08)

The mission of the Adult Service Line is to provide Active Treatment aimed at stabilization and rehabilitation from time of admission through transfer and/or discharge!

CONTACTS: 765-966-0511

M. Kaye Clark, Service Line Manager - ext. 9203

Barbara Jackson, Secretary - ext. 9204

Tanya Melody, Unit Director (420B)

Assistant Director of Nursing (420A) - ext. 4929

Lisa Ginn, Senior Therapist for Recreational Therapy - ext. 9335

Dr. Lebo, Senior Therapist for Psychology - ext. 9316

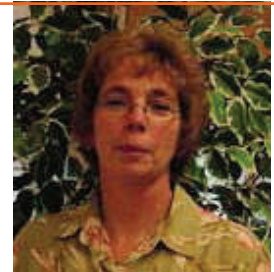
Barbara Kittle - Peer Specialist, ext. 9315

Vacant - Senior Therapist for Social Work

LIFE SKILLS SERVICE LINE 422A AND 422B

Contacts:

Kimberly Phillips, Service Line Manager - 935-9252
Darlene Caves, Assistant Director of Nursing - 935-9273
Elisha Snyder, Peer Specialist - 935-9251
Terry Ogle, Secretary - 935-9251
Kathy Jones, 422-A Treatment Team Coordinator - 935-9365
Roger Buckler, 422-B Treatment Team Coordinator - 935-9361



*Kimberly Phillips
Life Skills Service Line
Manager*

422-A CLIENT DEMOGRAPHICS

3 Black, 27 White
 10 Females, 19 Males,
 Average age - 45
 Education – Average 12th
 Primary Diagnosis -, Schizophrenia, Schizoaffective
 Religion – 1 Baptist, 2 Catholic, 6 Christian,
 2 Lutheran, 8 Protestant, 7 None,
 3 Unknown, 1 Other,
 Discharges
 2007 - 9
 2008 - 8
 Transferred to a less restrictive unit
 2007 - 14
 2008 - 8

422-B CLIENT DEMOGRAPHICS

8 Black, 18 White
 13 Males, 13 Females
 Average age - 45
 Average Education – 11th
 Primary Diagnosis - Schizophrenia, Schizoaffective,
 Religion – 2 Baptist, 3 Catholic, 5 Christian,
 2 Lutheran, 2 Protestant, , 11 None, 1 Other
 Discharges
 2007 - 23
 2008 - 15
 Transferred to a less restrictive unit
 2007 - 8
 2008 - 13

LIFE SKILLS SERVICE LINE NEWS:

On July 16th the Life Skills Service Line had an all day training and Kick-Off of the new pilot program. Seventy-two staff met and came up with plans to overhaul the Service Line and develop new concepts for the pilot program. A few of the ideas that came out of the brainstorming session were effective communication and consistency from shift to shift, review & modify programs, develop staff training curriculum, review of Active Treatment Classes, improve physical environment and milieu comfort.

A twelve member committee met on August 8th to tackle "Effective Communication". During that meeting the committee developed an action plan to increase communication between shifts. The Communication Shift Action Plan was then implemented on August 25, 2008. A plan for staff communication training was also developed and staff training began on September 11th.

MIDD SERVICE LINE

STEPPING STONES

The Stepping Stones Program is a co-ed program for individuals who have dual diagnoses of mental illness and individuals with a developmental disability (MI/DD). The program focus is on skill development in daily living skills, and adaptive behavioral development. The program encourages positive behaviors and appropriate social interactions. The goal is to return to a lesser restrictive environment, like a group home or supervised assisted living program.

The MI/DD program is housed in the Residential Treatment Center Building, Unit 421B.

The treatment philosophy incorporates the values of least restrictive intervention and utilization of positive reinforcement. Program residents enjoy recreational activities on the hospital grounds as well as community programs such as Special Olympics, Worker's Night Out, & reward trips.

Each patient begins their journey to *Recovery* based upon assessments to compliment their strengths. They progress with the class curricula as their goals are met. Active treatment classes include: money management, social skills, cooking, health/nutrition, health/safety, community education, anger

management, home economics, adult education, life skills, spirituality, vocational training, and fitness, to name a few. Patients are involved in arts/crafts, storytelling, health and beauty classes, and other leisure activities. Patients go on outings into the community and some residents work on grounds. Each patient has a treatment plan that is individualized. The team working on the plan includes the patient, physician, psychology, nurses, social work, activity therapists, and the case attendant as well as the family and gatekeeper-community mental health center.



Tylenne Ferguson,
RN, BSN
MIDD Service Line
Manager

"A ship in a harbor is safe but that's not what ships are made for."

'Tis the season for some fun

The Recreation Therapy Department has been busy providing some great memories for the patients in the service line. Everyone has been busy helping with picnics, talent shows, special activities such as our trip to the "Me-Zoo," lots of reward trips to the shopping mall and local restaurants, an "around the world" activity where cultures and sampling of foods, music, and art were provided. A NAMI event, Key Consumer

Conference in Indianapolis, was attended by two patients who represented the MI/DD Service Line. One of the patients commented, "I love meeting new people at the NAMI meeting. They had great door-prizes!" The other patient added, "Yeah, it was fun and I got to meet a lot of nice people. I wouldn't mind going every year." A big thank you goes to Valerie Specht, Julia Force, Brian Hill, and Becky Miller who al-

ways go that extra mile to provide meaningful activities and to the rest of the staff who assist this department. Team efforts pay off in the smiles of our patients!



MIDD SERVICE LINE, continued



Patients from 421B enjoy participating in Special Olympics.

The best vitamin to be a happy person is B₁.

~ Author Unknown



One of the Model T Fords in a recent parade our patients enjoyed watching in Richmond, IN.

TIME FOR A TUNE UP!

Staff have been given the opportunity to attend many free trainings through Outreach Services of Indiana. Topics have included dysphasia, communication, fall prevention, understanding sensory processing, and nursing care. The Indiana Developmental Disabilities Nurse Association annual conference was held this month, providing continuing education on gene research and geriatric care.

Department specific competencies, i.e., QMA continuing education

for certification, are also offered on the Intranet. In-house and outside workshops are great ways to increase education. Everyone benefits from continuing education!

Based upon number of medications administered, the acuity of the medication pass, and surveys by the LPN's, the unit has had the great opportunity to be part of a performance improvement initiative between Nursing & Pharmacy. We now have two medication carts with two LPNs/QMAs administering. Having half the number

of meds to pass gives additional time for medication teaching, reviewing concerns/questions the patients may have about their meds received at the time, and special attention to the medication administration procedure. Evaluation of this process will be ongoing and monitored via the patient/family education record and medication error reporting from the Pharmacy. A special thank you goes to Ron Bailey, Pharmacy Tech, and Doug Orr, RPh, for all the additional time and energy to make this process happen.

Program/Patient Demographics

Gender- 10 female/ 18 male

Average Age- 39 years

Ethnicity- 6 black/ 22 white

Education- average grade level completed is 7th grade

Primary Diagnosis- mild/moderate mental retardation; schizophrenia, paranoid type

Religion- 3 unknown; 9 Protestant; 1 Jehovah Witness; 3 Christian; 4 Baptist; 8 none





A mural on one of the walls in 421B comfort room.

ROADMAP TO RECOVERY

Restraint reduction initiative progress, in conjunction with the Roadmap to Recovery training:

The "Comfort Room" is just about complete! Sue Raby, from NAMI, did a wonderful job with the wall-paper murals. The walls will be sealed and the sound system will be placed. This room is utilized for the patient who is having a difficult time controlling emotional responses but not to the point of physical aggression, self injury or property destruction. Each patient identified what has helped in the past or is willing to try to use as coping skills based on the 5 senses: smell, hearing, touch, taste and sight. Data gathering will be used to analyze the effectiveness of the room as

a whole and individually for the patient.

The patients on the unit viewed several murals and picked out 4 that were most likely to assist with a calming vision. Each wall of the room has 1 of these murals in place. Different types of relaxation, soft, calming musical genres were selected also by the patients. The music has been placed on a server and the patient will be able to tell staff what type of sounds they would like played. Favorite color/texture of blankets, aromatherapy choice, light mint flavors, etc., are among just a few additional items that are offered during the comfort room use, all of which will be individualized based upon patient selection and data sup-

porting what has been successful for them. We are eager to begin this process of education and recovery method with the patients!

John Jantz, BC, has been very busy developing and refining several behavioral plans. Drs. Bhangoo & Cabigas, and the nurses continue to join expertise in the review of medications & treatments. Staff have vested time and energy in educating the patient and maintaining consistency with these plans. Our rewards? The unit has seen a dramatic decrease in the use of restraint this past month! This is true teamwork following the Roadmap to Recovery training.



The RSH Power Plant Tower draws a lot of attention by our tourists.

CONTACT INFORMATION

Tylene Ferguson, Director/ADON - ext 9278

Kathy Tuggle, Secretary- ext 9394

Valerie Specht, Treatment Team Coordinator, RT - ext 9339

Amy Banta, Social Worker - ext 9372

John Jantz, Behavioral Clinician - ext 9331

Glenn Plaster, Behavioral Clinician - ext 9319

Dr. Bhangoo, Psychiatrist - ext 9319

Dr. Cabigas, Physician - ext 9302

RNs Newton/ Duke/ Pritchett - ext 4986, 4987 or 4033

Becky Miller, Peer Specialist - ext 9405

Carolyn Hanna, Dietician - ext 9229



Substance Abuse Service Line



Lynda Dean
Substance Abuse
Service Line
Manager

The Substance Abuse Service Line at Richmond State Hospital is made up of five separate programs with a total of 105 beds. The length of stay varies and is determined by program assignment. All programs are co-ed and have a capacity of twenty-three beds except for the Exodus Program that has a capacity of twenty-four beds. Lawson House has a capacity of eight beds. Clients participate in individual and group therapy, lectures, structured experiences, leisure time and vocational/recreational activities, mediation, and self-help groups in area communities. In addition to these general therapies, there are special therapies for clients that deal with women's issues, eating disorders, grief, anger, depression, anxiety, AIDS, and spiritual issues. GED self-study and testing is also available. Urine screening and Alco-sensors are also used to insure clients remain abstinent.

STATS FOR 7/2007-7/2008

ADMISSIONS 347 — DISCHARGES 332

LAWSON HOUSE

The Lawson House is basically a Relapse Prevention Program. Patients from other substance abuse programs may be referred to the Lawson House in their last thirty days of treatment. Treatment at the Lawson House provides adult men and women additional treatment, education, and prevention skills as they prepare for reintegration back into their communities.

Treatment includes patient developed relapse prevention plans; time management; life-skill development; and goal setting.

Patients also establish out-patient appointments, obtain a temporary, self-help group sponsor, state id, financial management, and employment

preparation. The goals at Lawson House are to provide additional supportive, individualized relapse prevention during the recovery process that will develop healthy life skills as adults return to their communities without returning to drug abuse.

STAR PROGRAM - 417A

This program is for patients with a dual diagnosis of substance abuse and mental illness. We provide individualized treatment based on assessment of psychiatric symptoms and stage of change to substance abuse treatment. The program revolves around group participation based on 12 steps of dual recovery. Symptom management, abstinence, and relapse prevention are emphasized.

Demographics 417A

11 Female and 7 Male

3 Black, 14 White, and 1 Italian

Ages varies between 21 to 59

Religion; Baptist, Catholic, Christian

Education: 6 Graduates, 3 GED, 6 under 12th and 3 some college.

Primary Diagnosis: 2 Alcohol Dependence, 5 Bipolar, 1 Impulse Control, 1 Major Depressive Disorder, 1 Psychotic Disorder, 6 Schizoaffective disorder and 2 Schizophrenia. Drug of Choice; Alcohol, Cocaine, Crack, Heroin, Marijuana, and Meth.

EXODUS PROGRAM - 417B

The Exodus program is a highly structured program based on AA's philosophy of abstinence and personal responsibility. Patients have minimal or no additional psychiatric/medical impairments.



"Think of all the beauty
still around you and
be happy."

~ Anne Frank

SUBSTANCE ABUSE SERVICE LINE, continued

Demographics 417B

6 Female and 16 Male

3 Black, 18 White, and
1 Other

Ages varies between 19
to 56

Religion: Baptist, Chris-
tian, Unknown

Education: 8 Graduates,
4 GED, 6 under 12th and
1 some college.

Primary Diagnosis: 6
Alcohol Dependence, 1
Cannabis Dependence,
2 Cocaine Dependence,
4 Opioid Dependence, 8
Polysubstance Depend-
ence.

Drug of Choice: Alco-
hol, Cocaine, Marijuana,
Methadone, Opiates,
Pills.

NEW HORIZONS PROGRAM - 417C

This program provides
individual treatment
focusing on the aspect
of co-occurring diagno-
ses with the disease of
addiction as the pri-
mary diagnoses.

Demographics 417C

12 Female and 8 Male

3 Black, 17 White

Ages varies between 21
to 57

Religion: Catholic,
Christian, Unknown

Education: 6 Graduates,
3 GED, 6 under 12th and
4 some college.

Primary Diagnosis: 4
Alcohol Dependence 1
Amphetamine, 2 Bipolar,
6 Major Depressive,

1 Opioid Dependence, 3
Polysubstance Depend-
ence, 1 Schizophrenia,
1 Substance Induced
Mood Disorder.

Drug of Choice; Alcohol,
Cocaine, Crack, Heroin,
Marijuana, Methadone,
Morphine, Opiates, and
Pain Killers.

PHOENIX PROGRAM - 417D

The Phoenix program is
designed to provide
services to relatively
high functioning indi-
viduals who have an
addiction, and who may
also have a mental/
medical illness. Treat-
ment in the Phoenix
program focuses on ar-
resting addiction and
managing mental ill-
ness in the context of a
Twelve Step Dual Re-
covery model. The
length of stay in this
program is determined
by each individual's
progress, but will gen-
erally run approxi-
mately 90 days for
most people.

Demographics 417D

7 Female and 11 Male

18 White

Ages varies between 21
to 47

Religion: Catholic,
Christian, Unknown

Education: 5 Graduates,
3 GED, 5 under 12th and
2 some college.

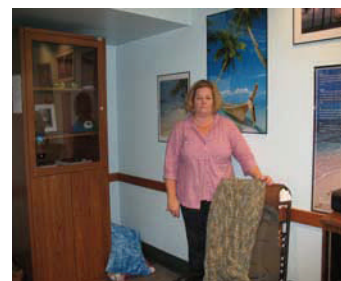
Primary Diagnosis: 6
Alcohol Dependence, 1
ETOH, 2 Opioid Depend-
ence, 5 Polysubstance

Dependence, 3 Sub-
stance Induced Mood
Disorder.

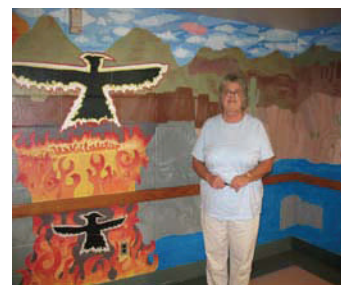
Drug of Choice: Alco-
hol, Crack, Marijuana,
Methadone, Opiates,
and Pills.

COMFORT ROOM PROGRESS

The substance abuse
service line is moving
forward on the goal of
establishing comfort
rooms for each unit.
We look forward to
continuing the devel-
opment of these
rooms and stocking
them with various
sensory items that
are soothing to assist
the clients develop
their own skills at self
soothing.



Above: Vanda Nunley, Coordinator for the New Horizon has a beach theme (Dawning of a new Horizons) to go with their hopes for new horizons and serenity. Their room is decked out with soothing pictures of beaches and water.



Above: Sandra Vanderbeck, Coordinator for the Phoenix Program, had some talented clients who drew the mural on the wall complete with the Phoenix rising out of the ashes to start a new life.

Contacts: 765-966-0511

Lynda Dean, Service Line Manager ext. 9381

Ruth Edwards, Secretary ext. 9382

David Shepherd, Assistant Director of Nursing ext. 9284

Don Wright, Senior Rehabilitation Therapist ext. 9385

Tom Spainhour, Senior Social Work ext. 9369

Vanda Nunley, Senior Substance Abuse Counselor ext. 9397

RECOVERY MONTH



Recovery Month is September and Red Ribbon Week is October 23 - 31. Join with RSH Substance Abuse Service Line in Celebrating Recovery & Promoting Awareness of Recovery Issues.

Governor Daniels has proclaimed September as Alcohol and Drug Addiction Recovery Month. This year's theme, "Real People, Real Recovery", is to offer hope and inspiration that people do recover from alcoholism and drug addiction.

Other Indiana Recovery Month events are listed at: <http://www.recoveryindiana.org/events.php>

Recovery is not just abstinence; it is the rebuilding of an effective, enjoyable life filled with growth, responsibility and increased sense of well being. No longer does the substance come first. Now you can restructure your priorities around family, work, education, recreation and self esteem. Your finances will be realigned to cover not the substance, legal problems and losses incurred, but the wide variety of needs and wants encountered in a full and constructive life. Recovery is your life back on track. Recovery can start with treatment

but it continues throughout ones life. It is choosing the "next right thing".

If you have completed one of the RSH programs and are maintaining your life of recovery, drop us a line and share with us how your life has changed and how you have grown. Send letters to your counselors or Lynda Dean, Service Line Manager, 498 N. W. 18th St. Richmond, In. 47374 – only if you authorize it by stating we can release this information, we will collect your letters for display either all or in part. Please stipulate what parts you consider appropriate. Even if you just want to say hello to staff, we'd love to hear from you.

The Substance Abuse Service Line treats clients throughout the range of addiction issues from those with substance issues to those with varying degrees of mental illness needs up to and including co-occurring disorders where both the mental illness and the substance abuse are equally the priority.

FAS DAY

On 9/9 at 9:09 AM – Join the Substance Abuse Service Line in a

moment of reflection for those affected by Fetal Alcohol Syndrome.

FAS Day is celebrated internationally. Communities all over the world are participating by ringing of bells and various activities to remember those born with Fetal Alcohol Syndrome and their families and increase awareness. The Substance Abuse Service Line will be heightening awareness with a movie, educational handouts and a discussion for FAS Day.

What is FAS? It is the number 1 birth defect and it is entirely preventable. FAS is caused by any mother drinking while pregnant – so it is not limited to alcoholic women. It is a "Russian Roulette" situation in that not every child is impacted the same by the same drinking mother. This means you can't conclude – well it didn't happen before.

FAS, meaning Fetal Alcohol Syndrome is under the umbrella term of Fetal Alcohol Spectrum Disorders. It is caused by the mother drinking alcohol while pregnant. FAS has a range of birth defects including physical symptoms such as notable facial alterations, heart defects & mal-

"Substance use disorders are treatable. When an individual recovers, families and communities can grow stronger. Treatment can improve health, help address emotional or mental health problems, and improve relations."

~ Copied





Alcohol and drug use can progress into abuse and even addiction so insidiously that sometimes people do not realize that it has become a problem for them and those around them. There are self-assessment tests can help you determine whether or not it may be time to get help.

"Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, a user cannot predict or control the extent to which he or she will continue to use the drug." ~ Copied

"The achievement of your goal is assured the moment you commit yourself to it."
~ Mack R. Douglas

RECOVERY MONTH, continued

functioning organs, mental symptoms with cognitive impairment and lower IQs, and Behavioral symptoms with hyperactivity and poor concentration to name a few. Every child born to a mother who drank while pregnant does not get FAS, however so far the physicians can not determine what level of drinking alcohol is safe. One drink = 1 shot, 1 beer or 1 5 oz glass of wine. Any kind of drinking can hurt your baby, so stop before conception or stop as soon as you know you are pregnant. It impacts mothers who are alcoholics; binge drinkers and social drinkers. The term binge drinking refers to 5 or more drinks at a time.

There are approximately 50,000 FASD births per year. Over half of women of child bearing age drink alcohol. We all are aware of unplanned pregnancies. At RSH we are teaching about how important it is to not drink if you are in a situation where you could end up pregnant. Clients are very concerned about their children and want to know. Even grown up children want to know what has happened to them and how can they get help. Each addiction unit has a DVD from SAMHSA entitled Recovering Hope, which won an award for excellence.

You can visit the National Organization on Fetal Alcohol Syndrome at www.nofas.org. You can also sign up to get updates in your email, so that you can stay informed.

You can go to www.fasstar.com for rules of behavioral management and free flyers to pass out to help RSH spread the word. Think about it – wouldn't you want to know so you could protect your baby? Wouldn't you want to know later so you could help your child to deal with the issue?

What is the invisible gap? It is the difference between the apparent ability to function (chronological age) and the actual ability to function (younger developmental level). Do you or anyone you know live with the invisible gap? Maybe you have never had an explanation and have wondered. Don't be ashamed, check information out. There is help, there is hope. The two great hopes are that with knowledge you can be part of the prevention team and part of the helping team to address gaining skills to deal with effects of FAS.

The Activity Therapy Services for our Substance Abuse Service

Line helped spread the awareness of FASD by having a movie in the gym related to this subject. Hand outs were available for the clients to pick up at this event.

Red Ribbon week is a chance for the community, schools and treatment centers of all types to promote prevention, education and treatment of recovery issues. We look forward to activities for that week as well.

The Activity Therapists here in the AIT Substance Service Line are in the planning stages to bring awareness to the clients on Red Ribbon week. During this past summer we held a Fun Day event in the grove. Fun Days has become an annual event during the summer. This year we grilled hamburgers and hot dogs, served with baked beans, fresh tomatoes, cole slaw, (Thank you to our Dietary Dept.) And many deserts brought in by our staff. Clients played Putt Putt, horse shoes, volleyball, basketball, corn hole and an awesome water balloon throw. Not everyone escaped with dry clothes and the weather could not have been more perfect.

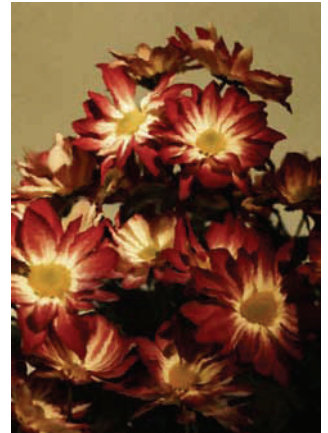
Several fund raisers were held this summer by having car washes.

RECOVERY MONTH, continued

The clients also participated in our annual hospital wide Fun Days which this years theme was Respect. Our clients made banners related to this theme to be shown at this event.

On September 11 we were involved along with other units here for a day filled with talents. Patients had the opportunity to share their talents in art, music, poetry, and crafts. One of the patients in

the Substance Abuse Service Line was among the leaders in planning this event. He was the master of ceremony for the day of entertainment and talent display. He did an excellent job!



DONATIONS REQUESTED FOR CRAFTS & THRIFT STORE

Old jewelry and blue jeans are needed for patients to make items in crafts. Blue jeans may be faded or torn. It is amazing what our therapists and patients make with items donated.

We also accept clothing, purses, games, puzzles, pictures,

shoes, and more for our thrift store.

Items for both crafts and the thrift store may be left in our Administration building, which is open 24 hours a day/7 days a week. The switchboard operators will be happy to guide you to the mail room where items may

be left. Please include your name and address with the donations so we may send you a thank you card.

"We can do anything we want as long as we stick to it long enough."

~ Helen Keller



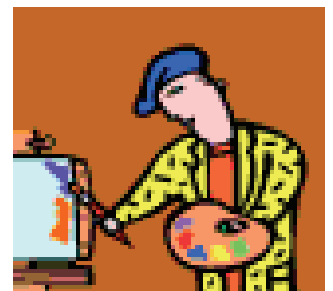
Flower garden in front of the Chapel planted by patients.



A remarkable house made by a patient with items found on campus.



Another item displayed at the talent show.



"What we achieve inwardly will change outer reality."

~ Copied

Transitional Service Line

The Transitional Service Line is composed of the 421A Program, the Darby House Program, and the Kreitl House Program. Each of the programs facilitates the patients' successful return to the community in the least restrictive setting.

DEMOGRAPHICS OF CLIENTELE

421A

22 White, 6 Black
 1 Hispanic
 Average Age- 36
 Males-19
 Females- 10
 Average Education 12th Grade
 Average Length of Stay of those discharged in 2008, 87 days
 Admissions 2008-47
 Discharge 2008- 20
 Admissions 2007- 54
 Discharges 2007- 48

DARBY HOUSE

5 White, 1 Bi-racial
 Average Age- 41
 Males- 4
 Females- 2
 Discharge 2008-5
 Average Length of Stay of those discharged in 2008, 96 days
 Admissions 2007-12
 Discharges 2007-8

KREITL HOUSE

5 White Males
 Average Age 48
 Discharged 2008-5
 Average Length of stay of those discharged in 2008-75

STAFF CHANGES & CURRENT NEWS

The Transitional Service Line has acquired new staff over the past few months. Don Ballenger is our new evening shift RN and will be working with Sharon Parret, LPN, on overseeing the 3 units which now include the Kreitl House. The Kreitl House joined our service line in January 2008. The 5 bed house was originally set up to accommodate long term forensic clients and now will be used for transitional clients. Angela Youkon is the new social worker and treatment team coordinator for the Darby and Kreitl Houses. The Kreitl House is evolving its program to meet the needs of our transitional clients. They do a weekly cooking and family style dinning meal on second shift and a monthly family style dinning meal on day shift as well as joint trips into the community with the Darby House clients and staff. All 3 units have had direct care staff trained on blood glucose monitoring to more readily respond to the specific needs of our diabetic clients. The houses also have Tracey Walters, LPN, assigned on day shift to provide case management and monitor medical issues. Dr. Kim has been assigned to the Kreitl House to cover psychiatrist responsibilities. She replaced Dr. Villarín who has been assigned to another area requiring his expertise.

Like individuals, programs grow and change continuously, reacting to patients needs. In June the TSL service line began offering 10 new Eli Lilly active treatment classes that all encourage and empower people with psychiatric illness to take "small steps" toward recovery and wellness. This next round of classes will offer new leisure classes like Adopt a Platoon, Wii-hab, and Go Green. There continues to be an increase of patient workers on the TSL unit, so a weekly Workers shopping trip has been added to the weekly activities. The weather has really cooperated with us this summer allowing the unit to have several cookouts, which included a big cookout at the Middlefork Reservoir that everyone really enjoyed. Other activities this summer included a trip to the Me Zoo, tie-dying t-shirts, the Model T-parade, the Wayne County 4-H Fair, and a trip to the Indiana State fair.

TRANSITIONAL SERVICE LINE, continued

OVERVIEW

DESCRIPTION OF PATIENTS AND SERVICES

DARBY HOUSE	This ranch-style home houses 6 co-ed residents who function with minimal support with an emphasis on independence, symptom management, medication self-administration, vocational skills, cooking, leisure and self-care skills. The goal of the program is to demonstrate competency in groups and community living. Transitional Care Specialists focus on teaching and support life/living/working skills.
421A	Program for Adaptive Living Skills, or PALS. This is an unlocked 30-bed co-ed unit for adults with severe and persistent mental illnesses who have the immediate potential for community placement. The program activities promote independence, increases living and self-care skills, and improves level of functioning. The goal is placement in a group home or community setting.
KREITL HOUSE	This is a 5 bed group home for patients whose psychiatric symptoms are stable/controlled and are preparing to re-enter the community. The patients work, either in the community or through patient payroll, and assume responsibility for the care of the house, and participate in rehabilitation and recovery activities based on individual needs. The environment of the house provides a less restrictive alternative and less institutionalized milieu.



Corey Laughlin
*Transitional Service Line
Manager*

*"The future depends
on what we do in the
present."*

~ Mahatma Gandhi

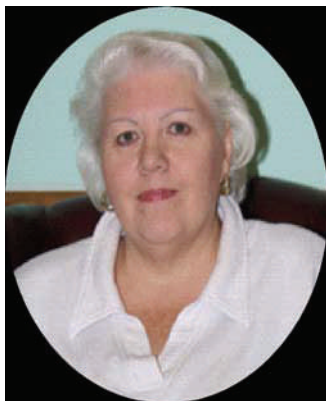
Contacts: 765-966-0511

Corey Laughlin, Service Line Manager	ext. 9392
Darlene Anglin, Secretary	ext. 9391
Brenda Jeffries, Asst. Director of Nursing	ext. 9280
D'Aune Matheny, Senior RT and Treatment Team Coordinator 421-A	ext. 9342
Tom Tash, Social Worker, 421A	ext. 9371
Angela Youkon, SW, Darby & Kreitl House	ext. 9358



**Kreitl House is part of the
Transitional Service Line.**

A LETTER FROM SHEILA C. WILLIAMSON



Sheila C. Williamson
Professional Practice Di-
rector for Substance
Abuse Counselors

*"The Grand essentials
of happiness are:
something to do,
something to love,
and something
to hope for."*

~ Alan K. Chalmers

RE: Substance Abuse
Prevention Program of
Richmond State Hospi-
tal – 2 Smart 2 Start!

To Whom It May Concern:

"No one knows exactly why some young people avoid drugs completely, why some experiment and why others develop serious problems. What is known is that by the time most young people leave high school, they will have been in unsupervised situations – alone or with friends – in which they made decisions about drugs. Most youth begin to face such decisions in the middle school years, and some are faced with making these decisions while they are still in elementary school." (Pathway to Prevention, National Youth Anti-Drug Media Campaign, Office of National Drug Control Policy, March, 2003.)

Statistics grow yearly about the impact of drugs and alcohol to our youth. In Indiana, the Annual 2007, Marion County Drug Free Community Report, states that alcohol is a major factor in young people's lives, many of whom begin to abuse substances at the 9th grade level, or below.

What can we do?

Richmond State Hospital is providing schools in our community a unique opportunity to gain a clearer understanding of the negative effects illicit drugs and alcohol could have in their student's lives. The RSH Substance Abuse Prevention Program - 2 Smart 2 Start, is designed to provide a strong message to not use or abuse drugs or alcohol. This program is designed around 4 key themes:

- Most young people do not use drugs, alcohol or tobacco – Who are at risk for use?
- Drug use causes pain and trouble for the user and others
- The drug-free life-style has clear and positive benefits
- Youth can learn and practice skills useful in drug prevention

As the Professional Practice Director of Substance Abuse for Richmond State Hospital, the counseling staff and I are committed to teaching our youth how to stay drug/alcohol free. This is accomplished through handouts, visual aids, panel dis-

cussions and presentations.

Don't miss this opportunity for your students to attend an informative, educational prevention program. Sign up now, or feel free to call me if you have any questions. I look forward to hearing from you, soon.

Sincerely,

Sheila C. Williamson

Sheila C. Williamson,
MA, LMHC, CADAAC,
CLEC

Professional Practice
Director for Substance
Abuse

Richmond State
Hospital

765-966-0511
ext. 9388

Or email:

Sheila.Williamson@fssa.in.gov



A cupola sits on top of a
100-year old building at
Richmond State Hospital.

YOUTH SERVICES



PYRAMID PRODUCTIONS is a non-profit theatre company committed to presenting original music. Founded in 1988 by Sherry Hoover, patients and staff at Richmond State Hospital have enjoyed their presentations for several years.

	DEMOGRAPHICS	SERVICES/TREATMENT
♦ 20-bed adolescent inpatient program—2 units	♦ Average length of stay: 247 days	♦ 24-hour nursing care
♦ Surrounding area is country/suburban	♦ Average age: 16	♦ On-grounds school
♦ Park-like setting with years of landscaping and well dept grounds	♦ Students working: 10	♦ Group & individual therapy
♦ Accredited by the Joint Commission on Accreditation of Health Care Organizations	♦ Race: 2 Afro American; 18 White	♦ Activity therapy
♦ Medicaid approved		♦ Level program
		♦ Psychological services
		♦ Social services
		♦ Psychiatric services
REFERRALS	POPULATION SERVED	
♦ Entire State of Indiana	♦ Male	
♦ Community mental health centers, divisions of family and children, probation department, and/or the courts	♦ Ages 13—17	
♦ Article 7 Alternative Placement referrals from Indiana School Systems	♦ Full scale IQ 70+	
	♦ Diagnosis of Conduct Disorder, Oppositional Defiant Disorder, Explosive Disorder, Major Depressive Disorder, Bipolar Disorder, or a Psychotic Disorder	
	♦ Documented need of special education placement (from current individual educational plan)	
	♦ Richmond State Hospital is the least restrictive environment for treatment of the individual in need of services	



The school on the campus of Richmond State Hospital

UNIT CHANGES

416 A & B unit has gone through many changes over the last few months and has been very busy over the past summer with staff changes, programming and many recreational therapy activities. Staffing changes consist of Carl Rhinehart,

Service Line Manager and Cindy Wasson, Assistant Director of Nursing. After receiving 35 hours of training on the Boy's Town program, Youth Services is currently using the skills and tools taught in that training to enhance our program and

reduce the instances of seclusion/restraint.





"Life is like riding a bicycle. To keep your balance you must keep moving."

~ Albert Einstein

"Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning."

~ Albert Einstein

YOUTH SERVICES, continued

RSH Summer Recap

By Kathy Tuggle

It was an eventful and active summer for Richmond State Hospital Youth Services who took full advantage of the beautiful weather in so many ways.

We started the summer by selling cornhole sets which we actually constructed ourselves. The proceeds went towards the 416 recreation budget. The sets turned out looking amazing.

The extra money we made provided us with some unique opportunities. We traveled to Hamilton, Ohio to an international grocery store called Jungle Jim's. Here we sampled foods from all over the world. There is something for everyone

at Jungle Jim's. Some of us even ate baby octopus...thank you very much Keith Morey, summer instructor.

During the hotter days we gravitated down the road to Richmond's city pool to cool off. Brad's cannon ball proved to be superior to all. Basking by the pool is only the tip of the iceberg though. The 416 unit could often be seen cruising through town on bicycles headed for the waterfall or hiking through Earlham College back campus. That's not to say we didn't relax at the movie theater or satisfied our palates at the Dairy Queen.

On a more interesting occasion, some of us chose to squander our money on games at the Wayne County Fair while others rode The Gravitron so many times in a row that we nearly lost count.

The garden we planted at the beginning of the summer is still yielding delicious tomatoes, peppers, cucumbers and plenty of other things. The salsa we made was one of a kind. We are still waiting to taste the watermelons and cantaloupes that are not quite full grown. Hopefully the pumpkins will be ready for carving by Halloween.

Well that's the recap as I can remember it. We had a blast and got to learn some things too which is what summer is all about. Peace.

Pictured left to right: A part of the Grove where many patient activities take place, including sand volleyball, basketball, putt putt, horseshoes, cornhole, and more. The front of units 416A and 416B, where 20 adolescent reside.



KLEPFER ALL FAITHS CHAPEL

By Chaplain David Ashcraft

Both history and current events are evident in the foyer of Klepfer All Faiths Chapel. Erected thirty-eight years ago in 1970, Klepfer Chapel was paid for entirely through voluntary contributions. On the south wall hangs a display case with a notebook containing the names of all individuals and organizations that contributed. On the north wall hangs our new Prayer Request box. Anyone

visiting the chapel is welcome to write out a prayer request and place it in the box. Prayer requests are prayed over in the chapel and then shredded for anonymity.

Sunday services continue to be a special time. For the past few months we've been treated to beautifully sung hymns with piano accompaniment courtesy of two people from

the addictions program. We're also enjoying sermons once a month by Carlton Kelley, Episcopal priest and RN on our evening shift. Carlton gives a good message and also donates time to hold a communion service each month. Between Carlton's preaching and the hymns sung by our volunteers services have reached a new level in providing spiritual support.



Book of contributors to the building of Klepfer All Faiths Chapel



Prayer Request Box in the Chapel

PROTECTION & ADVOCACY

The Protection & Advocacy for Individuals with Mental Illness (PAIMI) Act was signed in May of 1986 by President Ronald Reagan. Then, in 1986, governor Robert Orr signed assurances that the State Of Indiana would provide protection and advocacy services to citizens experi-

encing mental illness. Indiana Protection and Advocacy Services was designated as the agency to provide these services.

The Advocacy Specialist for this area is Donna Dellinger. Donna is at our hospital once a month to participate in our Human Rights'

Committee meetings. Protection & Advocacy may be contacted at 1-800-622-4845, ext. 236. Protection & Advocacy may also be contacted by calling 1-800-838-1131 or by mail at Indiana Protection & Advocacy Services, 4701 North Keystone Ave., Suite 22, Indianapolis, IN 46204.



"Thy word is a lamp unto my feet and a light unto my path."

BIRTHDAY CAKES

An enjoyable part of the month are birthday celebrations! We treasure our cake bakers. With 300 patients, we have plenty of people who like cakes. We appreciate all of the dona-

tions. We used to have enough cakes for the requests that we get from the units and activity staff. Here lately, we have been running short.

If you, your church, or organization would be interested in having a part in this program, please call Community Relations 765-935-9128.



Special people make birthdays especially sweet!



*To be a volunteer,
contact RSH Community
Relations at
765-935-9218.*

VOLUNTEER OPPORTUNITIES

There are many opportunities for volunteers at Richmond State Hospital. If you are interested in volunteering in one of the following areas, please give us a call at 765-935-9218. The following list shows some areas of opportunities.

1. Art Murals
2. Greenhouse

3. History of Hospital
4. Pond Development
5. Patients Interactions and Activities
6. Bicycle Repair
7. Christmas Room
8. Library Services
9. Pastor Care
10. Donation of exercise and aerobics VHS and DVD tapes

11. Donation of birthday cakes
12. Donation of DVD players and CD players
13. Donation of arts and crafts supplies
14. Donation of denim materials for crafts.

PICNICS



*Picnic Providers in
Hartford City/Blackford
County.*

*"Friends are the
sunshine of life."*

~ John Hay (1871)

Visiting their home counties and seeing family and friends at picnics is something patients look forward to at summer picnics. Among sponsors of picnics are Grant/Blackford County Mental Health Association, Randolph County Mental Health Association, East Central Indiana

NAMI, East Lynn Christian Church in Anderson, and Zion Lutheran Church in East Pershing.

Patients talk about the picnics long in advance of attending one, and long after the picnic is over. How much they enjoy these exciting

events! We really appreciate everything that you and your groups have done to provide picnics for patients. If your group or organization would be interested in sponsoring a picnic for our patients, please contact Richmond State Hospital, 765-935-9218.

MONEY FOR PATIENTS

If you are interested in providing funds for your loved ones while they are residing at Richmond State Hospital, please write a check or money order which can be deposited at our Business Office. These funds may be sent directly to the Business Office for your family member or given

to their social worker. There is a snack area in the 417 and RTC buildings where patients may spend their money. There is also a large canteen area where patients may shop for snacks, gifts, personal hygiene items, postage stamps, phone cards, etc. Some patients go to local stores

and restaurants. Checks and money orders are held for 10 business days. Postal money orders may be cashed immediately. Please do not send cash in the mail or give family members a large amount of cash. This is for their own protection against theft.



REQUESTS FOR PATIENT INFORMATION

The kids are back in school and back to learning. Perfect time for adults to get a refresher or reminder on certain subjects too. It has always been policy and procedure at Richmond State Hospital for any requests for patient information to be made through the Health Information Services Department (formerly called Medical Records). All requests must be processed and reviewed to meet Federal and State confidentiality laws. Discharged patients may request copies of their records by submitting a request

in writing to Health Information Services. Requests that do not go through the Health Information Department do not get logged appropriately.

There are fees associated with requests for information. In general the fees are the first 10 pages are free and then it is \$.10 for each page thereafter plus postage. Also, please remember that family members may not request patient's information unless they are the patient's legal guardian, healthcare representa-

tive or have a signed authorization from the patient. If you need to request patient information please contact our Health Information Services department at (765) 935-9234.

Kerry Moore, BS, RHIA
Director Health Information Services

Privacy Officer

765-935-9235

765-935-9509 fax

Email:
kerry.moore@fssa.in.gov



Kerry Moore
BS, RHIA,
Health Information
Director

Richmond State Hospital places great importance on the confidentiality and security of our patients' information.

**Richmond State Hospital is a place
where our family cares for your family.**

*"What do we live
for, if not to make
life less difficult
for each other."*

~ George Eliot

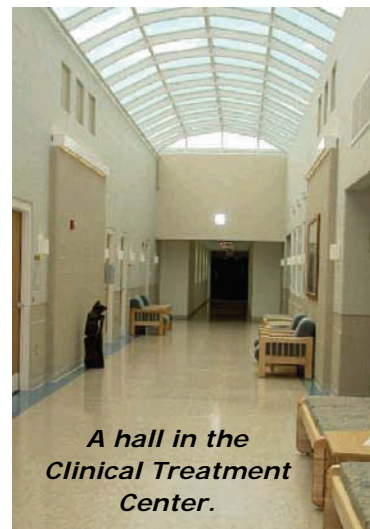
TOURS

Richmond State Hospital offers tours that are tailored to meet the needs and interests of our tourists. Several Indiana colleges and high schools tour every year. One school makes a yearly trip from Ohio.

Some school groups participate in the Substance Abuse Service Line presentation of Substance Abuse prevention, now called 2 Smart 2 Start. Many groups find this program exceptionally informative.

In an effort to respect the privacy of our patients, confidentiality forms are signed prior tours. Tourists are asked not to bring cameras or to take pictures with cell phone.

To schedule a tour call
765-935-9218.



**A hall in the
Clinical Treatment
Center.**

CHRISTMAS 2008

Christmas 2008 will be the 118th for Richmond State Hospital. How many hearts have been made merrier? How many burdens have been made lighter? How many smiles made wider because of people like you throughout the years who have been so caring and kind to patients at Richmond State Hospital? Even though the hospital has been through many changes, we continue to celebrate this wonderful holiday with our patients living at the hospital. We realize most of our patients are away from their homes, families, and in many cases, hometowns and familiar settings. It is so important that special brightness is still brought to their Christmas holiday.

We appreciate each giver and gift which helped us in the past

and we are looking forward to working with our friends and volunteers again this Christmas to provide a very special season for our patients.

The "Adopt-A-Patient Program" began about seven years ago and provides a great opportunity to give gifts for our patients. We go to each patient and talk about what they would like to have for Christmas. Every year, working in this program, we are touched by the reaction of some. They may share with us memories of their favorite Christmas or express appreciation for people who provided gifts for them the previous year.

We also accept gifts for our Christmas shelves and then gifts are selected from donated

items for those patients who were not "adopted". Any presents given to our patients for their Christmas must be new items.

Each patient receives one gift bag on Unit party Day, which is held on the second Sunday in December. On Christmas day, patients receive three packages each to open. Patients have told us how special it makes them feel to know people care about them at this time of the year.

There are many opportunities to share in the holiday season activities at Richmond State Hospital. If you would like to participate, please give us a call at 765-935-9218 or 765-935-9217.



"Christmas gift suggestion: To your enemy, forgiveness. To an opponent, tolerance. To a friend, your heart. To a customer, service. To all, charity. To every child, a good example. To yourself, respect."
~ Oren Arnold

"It is Christmas in the heart that puts Christmas in the air."

~ W. T. Ellis

MOST REQUESTED CHRISTMAS GIFTS BY OUR PATIENTS

Art Supplies (colored pencils, art paper, canvases); Back Packs; Candy (regular and diabetic); CD Players; CD's; Cheese and Crackers; Gloves; Gym Bags; Hats (one size fits all); Hooded Sweatshirts; Housecoats; Hy-

giene Items (body wash; deodorant); Journals; Make-up; Movie DVD's (G, PG-13); New Games; Nuts (cashews, peanuts, mixed); Pajamas; Phone Cards; Perfume; Postage Stamps; Radios; Scrap booking

materials; Shampoo and Conditioner; Stationery (suitable for men or women); Sweat suits; Purses; Puzzle Books; Puzzles; Wall-lets; Watches



"God bless us everyone."
Tiny Tim in
Charles Dickens's
A CHRISTMAS CAROL



Your local NAMI organization has lots of information that could help you smile again.

NAMI

NAMI stands for the Nation's Alliance on Mental Illness. NAMI was founded in 1979 and has affiliates in every state and in more than 1100 local communities across the country. Some patients and staff of Richmond State Hospital have joined this wonderful organization. When a person becomes a member, he becomes part of America's largest organization that is dedicated to improving lives of persons living with serious mental illnesses. East Central Indiana's NAMI is located on the campus of Richmond State Hospital in the original farmhouse.

NAMI East Central Indiana supports group meetings on the first Tuesday of each month in the CTC Training Center at Richmond

State Hospital. Each meeting features a special speaker. Patients from the hospital are invited to these meetings as well as family members and the East Central Indiana community.

Each year a NAMI Walk is held in Indianapolis to show support for people with mental illness and to erase stigma.

Over 500 people attended the NAMI July 4th picnic in grove at Richmond State Hospital. Patients have already been asking the date of the NAMI Christmas Dinner for this year. It is scheduled for December 1, 2008, at 6:00 p.m.

The NAMI office is a site for patients workers in our Richmond

State Hospital Vocational Rehab program. They enjoy working with positive people in the NAMI organization.

For more information about NAMI East Central, you may contact Jennifer Claypool or Earline Grimes at 765-966-4094.

"NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses."



Stop by the NAMI house and visit. You're always welcome!

HOSPITALITY HOUSES



Front room of one of our Hospitality Houses.

Hospitality houses are provided by Richmond State Hospital. These houses are for relatives of patients traveling from a distance may stay. The hospitality houses are available at

no cost to families of patients. All houses are completely furnished, including an operative kitchen and laundry.

To make reservations, call Donna Crist at 765-935-9201

THE CHALLENGES OF CHANGE

By Judy A. Malone Cole, Clinical Director

Change, personal or organizational, requires 4 challenges to be met:

1. *Thinking* about the change, the purpose of change, and what needs to be done,
2. *Plan* the change,
3. *Do something different*, and
4. *Think* some more about the results and decide if its worthwhile

At Richmond State Hospital, change—and its challenges—are everywhere. And whether its contemplating a new building, a rehabilitation of an older one, adding new classes for consumers, a new program approach for Youth Services, a new functional assessment instrument to assess consumers all changes requires thinking, doing and evaluating. None of these steps is easy.

When contemplating change in programs for consumers, clinicians depend upon the literature to provide guidance for what works and what doesn't given the symptoms or functional abilities of those receiving the services. What works with children may not work with adolescents or adults. Or what works for consumers with addictions may not work for con-

sumers who have problems thinking or processing information. And so we read... think... talk... debate... argue... and think some more. And if we're uncomfortable with what we're currently doing, we may try something different. And such efforts have given us dialectical behavior therapy, stages of change, motivational interviewing, and an algorithm for prescribing medications.

Planning for change requires that clinicians plan for the change. Talk to others, get input about the anticipated impact, order supplies or books, change schedules ahead of time and try to forecast the challenges of implementation. Planning requires communication, communication, and communication. Across shifts, with consumer and families, gatekeepers, and with supervisors and administration. Up, down and all across the organization.

To make these changes, clinicians and everyone involved have to do something different. And doing something different doesn't feel comfortable. No matter if the change is great. The adjustment time depends on how you

perceive the change.

Remember learning how to ride a bike? Awkward at best; painful at worst. Unsteady for sure. Practice made perfect. Years after I learned how to ride a bicycle, someone came up with an idea to make it better, safer—helmets. So, I added a helmet to my bike ride. I still don't like to ride with a helmet because that's not how I learned to ride. But I do it. And it's ok. Really. Really, it's okay. It's now automatic.

Ah, rearranging how to do something. Doing things well depends on practice and consistency in approach, equipment and process. And a willingness to ride through having the system change, being patient and practicing the new "stuff."

That's the really hard part. For new programs and approaches to care, the consistency between clinicians make or break the implementation of the new practice. And how we talk with each other and how we communicate across and up and down and through the organization is critical to failure or success.



Judy A. Cole, Ph.D., R.N.,
Clinical Director

"Only those who will risk going too far can possibly find out how far one can go."

~ T. S. Elliott



THE CHALLENGES OF CHANGE, continued



"You can clutch the past so tightly to your chest that it leaves your arms too full to embrace the present."

~ Jan Glidewell

Richmond State Hospital is working today for a brighter tomorrow.

If the changes are targeting how we think or do things differently based upon our core values, the change is deemed a "culture change" which may take about 3-5 years to settle in across the organization.

When RSH began the treatment mall, it was a culture change. Culture change takes about 3-5 years to settle in. And its' taken clinicians about that much time to get comfortable with classes and teaching and the classroom setting. We continue to talk about curricula, objectives, and quality of classes and the education needed by clinicians to feel comfortable teaching. So, we're still working on the implementation and making it a smooth process.

On Youth Services, in July, we initiated COPE, Creating Opportunity through Proactive Education, which was based on the Boys Town model of psychoeducation. And in mid-August, a course change was made and we're still working out

the details. In retrospect, we thought we had everything in place but there were changes beyond our control and we concluded that we needed to "pause" and re-think. And that's where we are. Re-thinking with a focus on quality care and being exquisitely sensitive to the needs of our adolescents and their families. And we're evaluating our entire system with the assistance of our grant site visitors.

In 2007, Richmond State Hospital started a "Respect Initiative" which focuses on changing how we interact with consumers and families we serve based around the "Roadmap to Seclusion and Restraint Free Mental Health Services" modules that were developed by the Substance Abuse Mental Health Services Administration (SAMHSA). We're trying to figure out how to build a culture where the need for seclusion and restraint are not needed. We're still working on making the changes. We've seen results. But we're not where we'd like to be.

We're thinking, and re-thinking. And we're not comfortable nor are we complacent.

Figuring out what is worthwhile and what works and what doesn't requires the collective wisdom of all of us. And in the evaluation of new practices and approaches, we need to hear from everyone about what works, what doesn't and what evidence is there to support either staying the course or making a detour.

And we'll evaluate, read, think, plan, do and re-think again. It's how we make care better and move towards part of our *vision of "promoting a climate of growth, respect, and opportunity."*

Richmond State Hospital is operated by the State of Indiana and is a Division of Mental Health and Addiction.